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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/706,728
Filing Date	November 7, 2000
First Named Inventor	LE QUERE, PATRICK
Art Unit	2136
Examiner Name	COLIN
Attorney Docket Number	T2147-906625

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Russell W. Guenthner BULL HN	
Address	13430 Blackcanyon Hwy		
City	Phoenix	State	AZ
Country	USA		
Telephone	602-862-5479	Email	Russ.Guenthner@Bull.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Pierre Meunier		
Date	November 4, 2008	Telephone	9-011-331-3080-7790

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of   forms are submitted.

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